

Position Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source:

Advertisement

Relative

Walk-In

Employment Agency

Employee

Other: \_\_\_\_\_

## Applicant Information

Last Name :

First Name:

Middle:

Address:

City

State:

Zip:

Home Phone: ( )

Cell Phone: ( )

Email Address:

Social Security #:

## Other Information

When is the best time to call you at home? \_\_\_\_:\_\_\_\_AM / PM

May we contact you at work?  No  Yes

If yes, give work phone number and best time to call ( ) \_\_\_\_:\_\_\_\_AM / PM

If you are under 18 and it is required, can you furnish a work permit?  No  Yes

Have you submitted an application here before?  No  Yes

Have you ever been employed here before?  No  Yes Which Department:: \_\_\_\_\_

If yes, give date(s) From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in this country?  No  Yes

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Desired salary range \$ \_\_\_\_\_

Type of employment desired  Full-time  Part-time  Temporary

Will you work overtime if required?  No  Yes

Will you submit to a background check if required?  No  Yes

Have you ever been terminated by a previous employer?  No  Yes Please explain: \_\_\_\_\_

## Educational Background

Name of School	# of Years Completed	Degree / Diploma	Major

## Special Skills / Accomplishments

List any special skills / accomplishments as it relates to the job for which you are applying:

## Employment History

Please provide the information on your current and previous employers starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the comments section below.

Employer:

Phone (    )

Address:

State:

Zip:

Dates Employed: From: To:

Name of Supervisor:

Job Title:

Job Duties:

Hourly Rate: Starting \$ Ending \$

Reason for Leaving:

May we contact? Yes No

Employer:

Phone (    )

Address:

State:

Zip:

Dates Employed: From: To:

Name of Supervisor:

Job Title:

Job Duties:

Hourly Rate: Starting \$ Ending \$

Reason for Leaving:

May we contact? Yes No

Employer:

Phone (    )

Address:

State:

Zip:

Dates Employed: From: To:

Name of Supervisor:

Job Title:

Job Duties:

Hourly Rate: Starting \$ Ending \$

Reason for Leaving:

May we contact? Yes No

Employer:

Phone (    )

Address:

State:

Zip:

Dates Employed: From: To:

Name of Supervisor:

Job Title:

Job Duties:

Hourly Rate: Starting \$ Ending \$

Reason for Leaving:

May we contact? Yes No

Comments (include any gaps of employment):

## Applicant Statement

- I certify that all information on this form is true and correct to the best of my knowledge.
- I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, regardless of when it is discovered.
- I authorize the release of any and all background information concerning me, including information of a confidential or privileged nature not otherwise in conflict with ADA or other similar regulation, to the hiring authorities. I give Washington Terrace the right to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information or expressing their opinions. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking.
- I understand that this document is an application for employment and not an offer to employ me. I understand that if I am employed, my employer may terminate me at any time without or without any reason or explanation except as required by law. If hired, I agree to protect the confidentiality of any confidential information I obtain as a consequence of my employment.
- I understand that if offered a position with the City, my employment may be conditioned upon the results of a medical examination, drug tests, driving records and/or job-related ability tests. I understand that as per policy if the position I am applying for qualifies Washington Terrace may check my credit.
- This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.
- If hired, I agree that the value of any advance payment, property issued to me, or other debt I owe my employer shall be due upon termination of my employment and may be deducted from wages or other payments owed to me at the time of my termination of employment.
- I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.
- I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.
- I understand that the employer does not unlawfully discriminate in employment and no question in this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.
- I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

**Do Not Sign Until You Have Read The Above Applicant Statement**

Applicant Signature: \_\_\_\_\_ Date:     /     /

Printed Name of Applicant: \_\_\_\_\_

# Employment Application

## WASHINGTON TERRACE

### CITY

Date of Application:	
Name of Applicant:	
Position Applying For:	

*Return this Application to the Human Resources Department  
\*\* Equal Opportunity Employer \*\**

**For Office Use Only**

Date Received: \_\_\_\_\_

Hired?  Yes  No

Letter Sent: \_\_\_\_\_